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## APPLICANTS

Asad A. Khan, Kent, OH;

 Michael E. Stefanov, Stormville, NY;  
 Clive Catchpole, Birmingham, MI;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/378,830 08/23/1999 PAT 6,532,052

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

 116  
 PEARNE & GORDON LLP  
 1801 EAST 9TH STREET  
 SUITE 1200  
 CLEVELAND , OH  
 44114-3108

## TITLE

Back lit cholesteric liquid crystal display

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )

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